

FILED AUG 8 - 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3017

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. O. Fisher

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>				c. CITY OR TOWN <u>Rural Little Blue</u> <u>1000</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K.C. Osteopathic</u>				d. STREET (If outside, give location) ADDRESS <u>71 by pass & little blue</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle <u>L.</u> Last <u>Frike</u>				4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 21, 1886</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		11. BIRTHPLACE (City and state or country) <u>Dunlap, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Frike</u>				14. MOTHER'S MAIDEN NAME <u>Evelyn Buckley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>				16. SOCIAL SECURITY NO. <u>496-09-3759</u>		17. INFORMANT <u>Mrs. Beatrice Frike</u> Address <u>71 By Pass & Little</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Failure</u> DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) <u>Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>11:30</u> a. m. <u>11:30</u> p. m. <u>11:30</u> Month <u>7</u> Day <u>9</u> Year <u>1956</u>				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION <u>Indep. Mo.</u> COUNTY <u>Jackson</u> STATE <u>Mo.</u>			
21. I attended the deceased from <u>7-8-56</u> to <u>7-9-56</u> and last saw him alive on <u>7-9-56</u> Death occurred at <u>11:30</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. O. Fisher</u> (Degree or title)				22b. ADDRESS <u>11109 W. 11th St.</u>		22c. DATE SIGNED <u>7-10-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7/12/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BROOKING Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jackson County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Geo. C. Carson & Sons</u> ADDRESS <u>Indep. Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-11-56</u>		25. REGISTRAR'S SIGNATURE <u>Reverminshall</u>	

(Licensed Embolmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Tom D. Marblan

Licensed Embalmer No. 45

P. O. Address Indep

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.